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IN THE UNITED STATES DISTRICT
COURT FOR THE middle DISTRICT
OF TENNESSEE Nashville DIVISION

US DISTRICT COURT
MID DIST TENN

John K Lawrence
(NAME)

267123
(Prison Id. No.)

Prisoners of Tennessee Dept. of Corrections
(Name)

(Prison Id. No.)

Plaintiff(s)

Tennessee Dept. of Corrections MAT Program
Commissioner Frank Strada et al
(Name)

Edward Welch ASST. Comm. Rehabilitative Services
(Name)

Defendant(s)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
Additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's Office.
Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants
against whom you are filing this
Lawsuit. Do you see "et al." Attach
Additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

1. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: John K Lawrence
Prison I.D. of the first plaintiff: # 267123
Address of the first plaintiff: PO Box 2000, Wartburg TN 37887

Status of Plaintiff: CONVICTED ☒ • PRETRIAL DETAINEE ☐

2. Name of the second plaintiff: Prisoners of the Tennessee Dept. of Corrections
Prison I.D. of the second plaintiff: All
Address of the second plaintiff: Tennessee et al

Status of Plaintiff: CONVICTED ☒ PRETRIAL DETAINEE ☒

(Include the name of the institution and mailing address with zip code for each plaintiff. If and plaintiff changes his or her address, he or she must notify the Court immediately. If there are more sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: TDOL Commissioner Frank Strada
Place of employment of the first defendant: TDOL
First defendant's address: Rachel Jackson Bldg, 6th Floor, 320 Sixth Ave N.
Nashville TN 37243-1400
Named in official capacity? ☒ Yes ☐ No
Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: Edward Welch Asst. Comm. Rehabilitative Services
Place of employment of the second defendant: TDOL

Second defendant's address: Rachel Jackson Bldg, 6th Floor, 320 Sixth Ave N.
Nashville TN 37243-1400

Named in official capacity? ☒ Yes ☐ No
Named in individual capacity? ☐ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.) see attached.

2. **JURISDICTION**

A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them
Below

3. **PREVIOUS LAWSUITS** (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or State court. Yes ☒ No ☐

B. If you checked the box marked "yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs John K Lawrence et. al.

Defendants Tennessee Dept. of Corrections. ~~et. al.~~ M.A.T Program.

2. In what court did you file the previous lawsuit? Middle Dist. TN

B. Defendants

3 Name: Kenneth Williams M.D. Medical Director Clinical Services
Employer: TDOC
Address: Rachel Jackson Bldg., 4th Floor, 322 6th Ave N.
Nashville TN 37203-1400
Named in his official capacity

3. What was the case number of the previous lawsuit? 3:24-cv-01274
4. What was the Judge's name to whom the case was assigned? Hon Judge Aleta A. Traylor
5. What type of case was it (for example, habeas corpus or civil rights action)?
Civil Rights
6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) 10-25-24
7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? Pending
8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) NA
9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? ☐ Yes ☒ No
- (If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

4. **EXHAUSTION**

- A. Are the facts of your lawsuit related to your present confinement? ☒ Yes ☐ No
- B. If you checked the box marked "No" in question 3.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

- C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?
☒ Yes ☐ NO

(If you checked the box marked "No," proceed to question 4.G IF you checked the box marked "Yes," proceed to question 4.D.)

- D. Have you presented these facts to the prison authorities through the state grievance procedure? ☐ Yes ☒ No

- E. If you checked the box marked "Yes" in question 3.D above:

1. What steps did you take? _____
2. What was the response of prison authorities? _____

- F. If you checked the box marked "No" in question 4.d above, explain why not. Medical Issues are deemed a "Non-Grievable" matter by TDOC, you cannot seek redress for medical issues in Tennessee Prison system.

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated By city or county law-enforcement agencies (for example, city or county jail, workhouse, etc.) ☐ Yes ☒ NO

H. If "Yes" to the question above, have you presented these facts to the authorities operating the detention facility? ☐ Yes ☐ No

I. If you checked the box marked "Yes" in question 3.H above:

1. What steps did you take? _____

2. What was the response of the authorities who run the detention facility? ~~US Constitutional Amendment 8, 14th and 19th United States Codes Against the Discrimination of Citizens based upon disability (addiction) in housing and government state programs for such~~

J. If you checked the box marked "No" in question 4.H above, explain why not. _____

5. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

~~US Constitutional Amendment 8th Cruel and Unusual punishment 14th Equal Protection~~
~~USCA against discrimination of citizens based upon disability (addiction) as access~~
~~to government/state assisted programs for such~~

6. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim number each claim separately and set forth each claim in a separate paragraph sheets, if necessary. Use 8-½ inch x 11-inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

See Attached

COMPLAINT

I have struggled with drug addiction almost my entire life, since the age of about 5 years when state mental health clinics placed me on Ritalin, an amphetamine, that I remained on until about age 15. By the time I was taken off this drug my Brain had developed and matured with a constant supply of this powerfully addictive chemical. Then over the next part of my life my Addiction Grew and changed with the times + drugs prevalent to them. Now at age 48, I've spent half + my life, 23 of the past 24 or 25 years in prison or Jail for drugs and drug related offenses. Currently I am severely addicted to opiates, Heroin + Fentanyl being in greater, easier supply in Tennessee Prisons than on the town actually. I have been to Church, AA, Rehabs, prison treatment Communities, etc and nothing has slowed my addiction, its only worsened. I've been to psychiatric facilities after over doses, over dosed alone in my cell in May of 2021 and by grace of god only am I still alive. My adopted brother, Jeffrey Hopkins, over dosed and died in this same facility Meck in which I now reside in 2022. My Brother died in 2010 from drug related diabetic complications. I've tried to quit and only have for brief periods, actually now I fear death from Fentanyl to the point in prison I must self medicate + buy my own Suboxin on the Black Market here in prison to stay off Heroin + Fentanyl to avoid over dose death though often the supply in here of Suboxin (a more expensive Black Market drug in prison) runs out and I can only go back to opiates Fentanyl which almost never runs out.

On the other hand I am engaged to a woman who went to treatment 4 years ago, then went onto a MAT Program of suboxin, Completed Drug Court with no violations, has a job, home for us, car, and is still sober after all that time! MAT treatment works! If ever anyone needs MAT Treatment it is myself with my history and many others in the Tennessee Prison System are just like me!

COMPLAINT

The Tennessee Department of Corrections now Provides Prisoners held in TDOC with Medication Assisted Treatment (MAT) Providing treatment for Drug and Opiate dependency. The program is fairly new and the official requirements for a prisoner to be placed into the "MAT Program" are fairly fuzzy and I have been denied by letter to Medical Records access to the requirements for placement into the program, however I only know of a handful of Prisoners at the facility, Mercer County Correctional Complex, who are in MAT Treatment and both I know personally had Over Dosed at this facility and almost died. Considering only a handful of Prisoners at MCCX are on the MAT Treatment and Prison Drug offenders/Prisoners with Addictions statistically are around 90% it's obvious very, very few prisoners are taken into MAT Treatment. The more or less Prisoner word and understanding is that unless you O.D and Face Death you can't get into MAT Treatment. Myself, and Many Prisoners I know through Prison AA and Drug Programs who are Diagnosed by TDOC's Mental Health system with Opiate Addiction/Disorders etc are being denied, myself denied twice despite being less than 2 years from expiration of sentence & return to society. The fact is only in the most extreme cases are Prisoners being placed into MAT Treatment. This action is brought for medical treatment similar to that of the Prisoner class action brought in Tennessee seeking that All Prisoners with Hepatitis C be given Hep-C cure treatment when the cure became available. All Prisoners with Diagnosed Opiate Addiction, disorders, and who came to prison with opiate Addiction related charges, should be allowed MAT Treatment if they seek that treatment, not some, the most severe only, etc; all should be able to receive the life saving treatment, especially it should not be denied until after near fatal over Doses, etc.

COMPLAINT

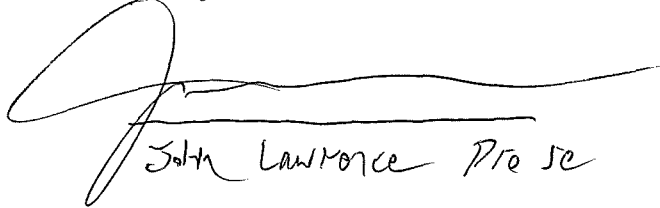
As a Prisoner in the Tennessee Department of Corrections with a long history of Time served in the Department for drugs, and drug related offenses, who is also Diagnosed by Doctors of Mental Health employed by the Tennessee Dept. of Corrections with "Opiate Addiction Disorder", who's also in active addiction to opiates, I as a Plaintiff Prisoner meet medical criteria for treatment with Medication Assisted Therapy (MAT) and were I free in society and sought MAT Program Treatment would be almost certainly given treatment. Further I could receive that MAT Program Treatment through State/Federally funded Treatment sources. So I should also be able to receive that same MAT Program Treatment from State/Federally funded Department of Corrections MAT Programs. My life is in no less danger from the dangers and or death from opiate addiction in prison than in free society, my life is worth no less in prison than society, nor those of the Plaintiff Class represented. I have however been denied MAT Program Treatment by the Defendants, not only that but the unwritten rule is if a prisoner has not overdosed already then he/she does not have a serious enough need for MAT Program Treatment according to TDOC's current written/unwritten Policy for acceptance.

Myself and the Plaintiff class I represent hold that all TDOC Prisoners in active opiate/drug addiction, who are diagnosed with "Opiate Addictive Disorder" et al, or have opiate/drug related offenses for which they are incarcerated, should be upon request granted acceptance and access to the lifesaving MAT Program Treatment. This treatment is the current most successful Treatment model for opiate/drug addiction as also prevents death from overdose, not designed as an "aftercare" for overdose which TDOC currently tends to use it, as sort of a last resort of "Hey this guy almost died, perhaps we should do something

COMPLAINT

now". The Plaintiff and class represented hold that a program by TDOC and medication which can virtually end Prisoner Addiction in Prison, save their lives, and return them to society without active addiction, and best equipped to return to normal life day free is being withheld unconstitutionally and we pray relief in such means that myself, or all plaintiff class who also needs this MAT Program receive it equally to all in keeping with the 8th and 14th amendments to the US Constitution.

Therefore it is prayed this Honorable Court Grant said relief and all such relief it deem proper and just to see upstate/day addicted Prisoners in the Tennessee Dept. of Corrections receive MAT Therapy etc et. al.


John Lawrence Pro se

11-1-24
Date

7. Relief Requested.

Plaintiff(s) seek Summary/Declaratory Judgment in the Matter of 8th, 14th Amendment Rights.

Plaintiff(s) seek Order to Defendants for a written Policy and set of Guidelines governing the MAT Program and its requirements for acceptance, and included be that All Prisoners with Active opiate/dry addiction, Diagnosis of Opiate Addiction disorder et al, and/or Opiate/Dry offense history be grounds for acceptance upon a Prisoners Request for MAT Program Treatment.

Plaintiff Lawrence #267123 seeks Order That based upon his history of opiate/dry addiction, offenses, and Diagnosis by TDOC Mental Health Doctors of "Opiate addiction Disorder" (sic) opiate/dry active addiction placing him at risk of death from overdose, ect., that he be placed into MAT Program Treatment Prior to the expiration of his sentence so he can be released free from active addiction.

Plaintiff(s) seek:

Compensatory Damages to reimburse cost of litigation, et. al.

Punitive Damages in an amount that this Honorable Court Deem Just and Proper for the violation of Plaintiff's Civil Rights, to be made to charitable organization of Honorable Courts Choice which aids Prisoners with addiction in sobriety and reentry.

Nominal Damages in an amount that this Honorable Court Deem Just and Proper for the violation of Plaintiff's Civil Rights, to be made to same charitable organization as Punitive Damages.

7. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do (Please see -
For you. Attached for Clarity) et al.

Summary Judgment
Declaratory Judgment
Written Warrantless + Program Treatment Protocol be developed and implemented for
access to all prisoners in TDOC to have MAT treatment upon request for those
subjected to opiates/drugs or prior to their release placement upon MAT treatment to
prevent returning to society with active addiction, ~~and to prevent~~ ~~and to prevent~~ ~~and to prevent~~
compensatory damages to reimburse Plaintiff for suit costs
Punitive Damages as if Honorable Court deems just
Nominal Damages as if Honorable Court deems just
I request a jury trial. ☒ Yes ☐ No

8. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true the best of my (our) information, knowledge and belief.

Signature: [Signature] Date: 11-1-24
Prison Id. No. 267125
Address (Include the city, state and zip code.): PO Box 2000
Watburg TN 37887

Signature: Prisoners of state of Tenn Date: 11-1-24
Prison Id. No. All
Address (Include the city, state, and zip code.): TDOC

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER. Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.

John Lawrence 10/1/23
PO Box 2000
Warburg TN 37287

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MCCK has neither inspected
nor censored and is
not responsible for content

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